

No. 2  
5-542  
5-17-39  
X32873

Dr. E.E. Glenn

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED

MAR 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. 5260

Registrar's No. 150

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County... Greene

(b) City or town... Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Metropolitan Hotel - 312 College  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 4 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Greene

(c) City or town... Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No... Metropolitan Hotel - College  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country...

3. (a) PRINT FULL NAME Ben F. Kesterson

3. (b) If veteran, name war... No

3. (c) Social Security No... No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1946 hour 8:00 minute p. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Helen M. Kesterson

6. (c) Age of husband or wife if alive... UNK years

7. Birth date of deceased... Aug. 3, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-17 1946 to 2-12 1946 that I last saw him alive on 2-7 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 9 If less than one day hr. min.

Immediate cause of death... Acute Coronary Occlusion

Due to... Arteriosclerotic Heart Disease

9. Birthplace... Princeton Missouri  
(City, town, or county) (State or foreign country)

Due to... 14 Mo.

10. Usual occupation... Lawyer

Other conditions... (Include pregnancy within 3 months of death)

11. Industry or business

12. Name... Unknown

13. Birthplace... Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name... Unknown

15. Birthplace... Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations... 9/40

Of autopsy...

Underline the cause to which death should be charged statistically.

16. (a) Informant... Mrs. Helen M. Kesterson

(b) Address... Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (Means of injury)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/46  
(Month) (Day) (Year)

(c) Place: burial or cremation... Maple Park

18. (a) Signature of funeral director... H.H. Lohmeyer

(b) Address... Springfield, Mo.

23. Signature... E.E. Glenn (M. D. or other)

Address... Springfield, Mo. Date signed... 2/12/46

19. (a) 2-14-46 (Date received local registrar) (b) E. W. Handley (Registrar's signature)

39  
2  
4257  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Walter E Hamilton*

Licensed Embalmer No.....

*3808*

P. O. Address.....

*Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*X*